



JOE GANIM
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Office for Persons with Disabilities

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Office for Persons with Disabilities

Handicap Parking Sign Installation Application

Date: _____

Applicant Name: _____

Applicant's Address: _____

Applicant Phone Number: _____

Desired location of the Handicap Parking Sign: _____

Valid Connecticut Permit Number and Expiration Date:

All of the following questions must be answered for this request to proceed:

1. Do you reside in a single or multi-family home:

2. Is there a parking lot or any off-street parking spaces on the premises:

3. Are you allowed to use the parking or off-street parking:

4. Is there a driveway on the property:

5. If you have a driveway on the property, do you have any restrictions preventing you from parking in the driveway: If yes, please explain:

6. Do you experience any difficulty with on-street parking:

I, the applicant attest to all of the above information to be true and accurate:

Applicant's Signature: _____

Office for Persons with Disabilities: _____